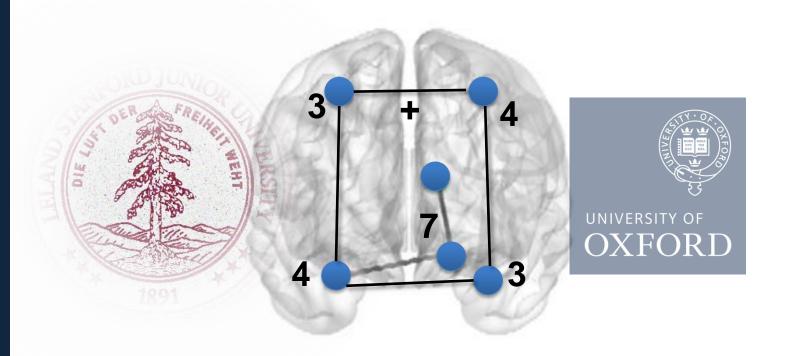
Training the "Mathematical Brain": evidence from functional brain imaging and neuro-modulation techniques



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Overview

Neuro-imaging techniques

functional Magnetic Resonance
Imaging (fMRI)

Multivariate approaches

Neuro-modulation techniques

transcranial Direct
Current Stimulation (tDCS)

Neuro-rehabilitation

Brain Plasticity

Learning

Biomarkers

Brain Organization

Individual Differences



<u>Developmental Dyscalculia</u>

Developmental Dyscalculia



- Neurodevelopmental learning disability
- 3 to 7% of individuals
- Difficulties in dealing with numbers and performing arithmetic
- Significant effects on educational and social outcomes
- Crucial to intervene to alleviate poor performance in these learners

Introduction

- Classroom-based and individual-based behavioral training could be effective, yet
 the neurobiological mechanisms underlying successful intervention are unknown
 (Dowker et al., 2004; Fuchs et al., 2008, 2009, 2013)
- Math learning is supported by a host of brain systems including those serving numerical, mnemonic, visuo-spatial and executive functions

(Menon, 2014)

- Developmental Dyscalculia (DD) has been characterized as a condition reflecting structural and functional brain abnormalities (Butterworth, 2011, Fias et al., 2014)
- Uncovering **brain plasticity effects** by **tracking** the **functional brain changes** following effective intervention **could inform on**:
 - (i) which aspects of cognition are impaired in DD during math problem solving,
 - (ii) which of these **mechanisms** could be **strengthened** as a result of intervention

Research Questions

2. Can 8 weeks of math tutoring elicit neuroplasticity effects in DD?

3. If neuroplasticity effects occur, would their signature be characterized by:

(i) <u>neural normalization</u>, or (ii) <u>neural compensation</u>?

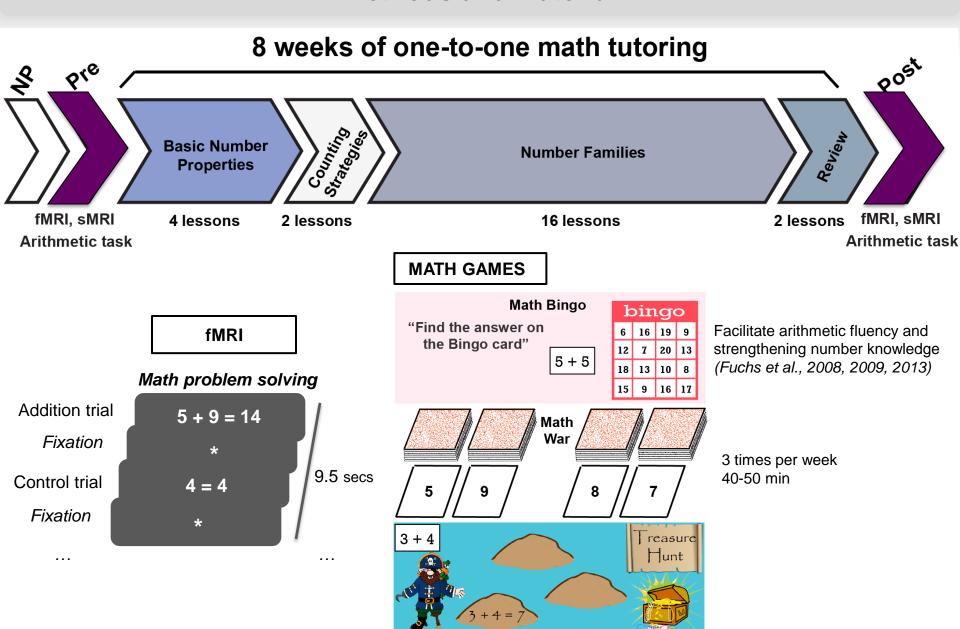
4. Is there a **systematic relation** between **tutoring-induced neuroplasticity** and **behavioral improvement**, if any, in **DD**?

Methods and Material

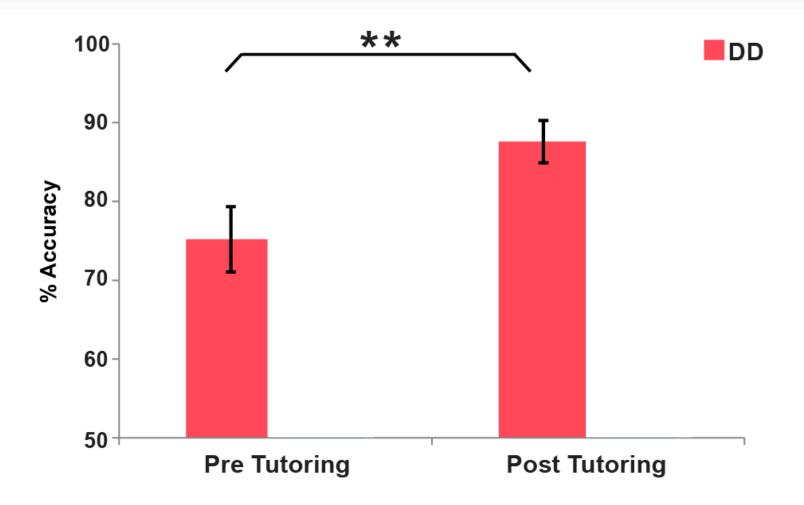
Multi-criteria diagnosis of DD: (i) Normed-based cut-off criterion; (ii) Discrepancy criterion

Measure	DD (N = 15)	TD (N = 15)	p - value	
Male to Female ratio	6:9	7:8		
Age (years)	8.65 (0.47)	8.54 (0.49)	0.52	
IQ – WASI scale				
Full IQ	100.33 (10.67) ***	107.47 (11.05)	0.08	
Verbal IQ	103.40 (13.80)	106.60 (15.68)	0.56	
Performance IQ	97.53 (15.08)	106.73 (11.18)	0.07	
WIAT – II				
Numerical Operations	80.93 (4.25) ***	105.80 (9.53)	0.00001 ***	
Math Reasoning	90.80 (9.19) ***	106.20 (9.36)	0.0001 **	
Word Reading	100.20 (9.67)	106.27 (9.01)	0.09	
Reading Comprehension	102.27 (7.87)	108.07 (11.11)	0.11	
WMTB – C				
Digit Recall	97.71 (10.82)	99.13 (17.75)	0.79	
Block Recall	88.00 (18.39)	93.20 (17.59)	0.31	
Count Recall	77.61 (15.07)	86.71 (14.61)	0.15	
Backwards Digit Recall	87.93 (9.55)	92.93 (15.21)	0.23	

Methods and Material

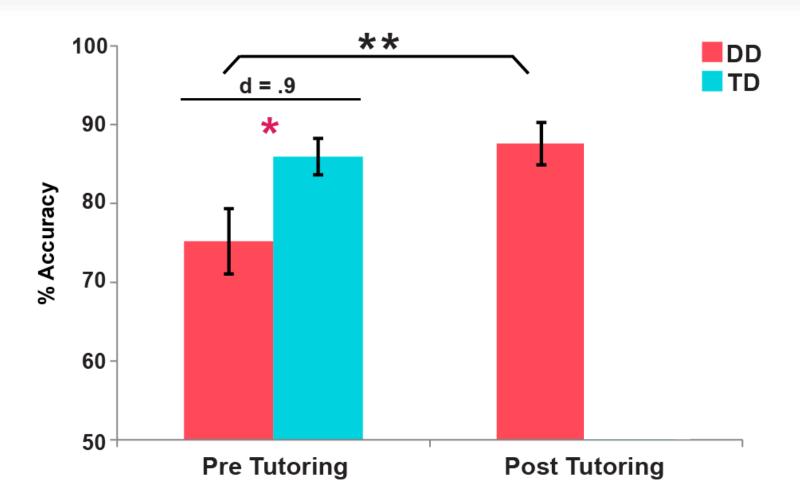


Results – Behavioral performance



Following 8 weeks of 1:1 **tutoring** children with **DD** showed **significant performance improvement** in math problem solving

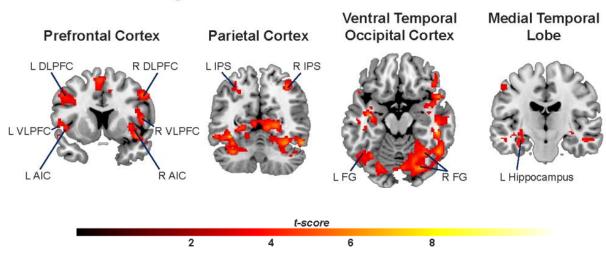
Results – Behavioral performance



<u>Performance normalization in DD.</u> Group-differences in performance before tutoring were no longer evident after tutoring

Results – Functional neuroplasticity

A Pre > Post tutoring



Before tutoring children with DD showed over-activation in multiple brain areas of the Prefrontal Cortex (PFC), Posterior Parietal Cortex (PPC), Ventral Temporal-Occipital Cortex (VTOC) and Medial Temporal Lobe (MTL)

B Post > Pre tutoring



y = 10



y = -58



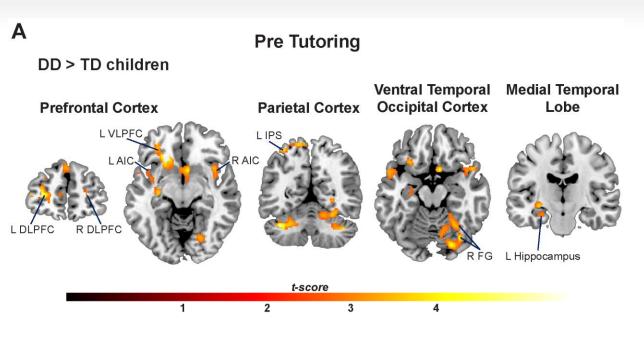
z = -16



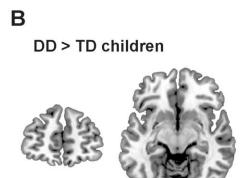
y = -16

No brain areas showed higher activation after tutoring in DD

Results – Functional normalization



Before tutoring children with DD showed over-activation in multiple brain areas of the PFC, PPC, VTOC and MTL, compared to TD children

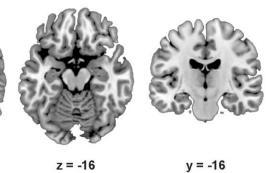


z = -9

y = 50

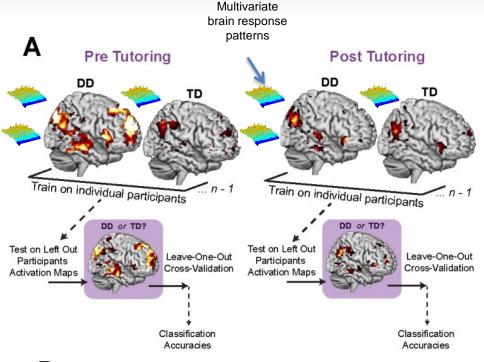
Post Tutoring

y = -58

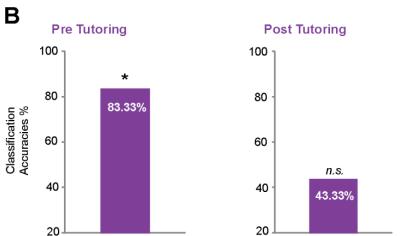


After tutoring no differences were evident between DD children and their TD control peers

Results – Multivariate Pattern Analyses – Quantifying functional normalization



We asked whether functional activity patterns during arithmetic problem solving could be use to discriminate the brains of DD children from those of TD children before and after tutoring



Functional activity patterns during arithmetic problem solving were sufficient and significantly able to accurately discriminate with DD from TD children children before tutoring, but not after tutoring, where the algorithm performed worse than chance.

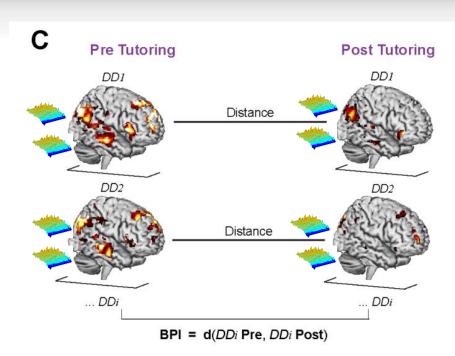
Results – Neurobehavioral correlates of tutoring outcomes

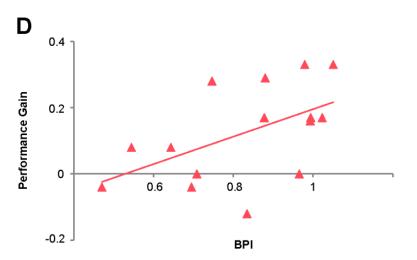
Brain Plasticity Index (BPI) = Multivariate spatial correlation between pre- and post- tutoring activity patterns in DD

Does **BPI** relate to **better performance gains** in **DD?**

Yes, the more the brain changes, the better the performance in DD

None of the domain-general standardized measures (IQ, WM), nor math standardized measures significantly predicted performance improvement in DD.





Interim - Summary

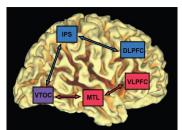
1. Can 8 weeks of math tutoring remediate behavioral performance in DD?

Yes, consistent with previous classroom-based studies, math tutoring focused on conceptual knowledge and speeded practice can remediate poor math performance in children with DD

2. Can 8 weeks of math tutoring elicit neuroplasticity effects in DD?

Yes, 8 weeks of effective behavioral tutoring can elicit neuroplasticity effects in children with DD

Tutoring-related effects were evident **in multiple brain systems** supporting the hierarchical cascade of cognitive computations necessary for successful math problem solving



3. If **neuroplasticity** effects occur, **would their signature be characterized by**: (i) <u>neural normalization</u>, or (ii) <u>neural compensation</u>?

Neuroplasticity effects support the *neural normalization* hypothesis: *prominent differences between the groups were evident* - in an univariate as well as multivariate sense – *before but not after tutoring*

4. Is there a **systematic relation** between **tutoring-induced neuroplasticity** and **behavioral improvement**, if any, in **DD**?

Yes, the degree of neuroplasticity was significantly related to individual differences in performance gain after tutoring in DD

Introduction

- DD often persists into adulthood
- Learners diagnosed with DD at age 11, over 40% were still in the DD category at age 17 (Shalev et al., 2005)
- High IQ, verbal and memory abilities could help these individual progress through education, yet the social outcome of adult DD is as severe and equally alarming as it often manifests in every day life situations

Check bills



Remember PIN numbers



Pick the right type of mortgage



Talk about prices



Decide if something is too heavy



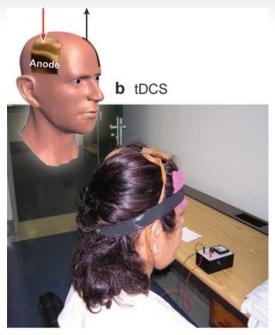




Introduction

Math-based intervention during the early school years is effective, but in adults with DD such type of intervention is (i) unfeasible; (ii) likely ineffective as brain circuits might have re-organized differently after many years of "bad math"

tDCS

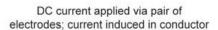


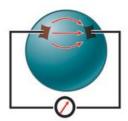
Neuro-modulation technique

Low-amplitude direct currents – applied via scalp electrodes – act on polarization-dependent mechanisms of resting membrane potential.

Anodal stimulation increases excitability by pushing neural resting membrane potentials closer to the activation threshold

<u>Cathodal stimulation</u> – the reverse polarity – inhibits cell firing and decreases excitability







tDCS

CLINICAL PSYCHIATRY

Transcranial Direct Current Stimulation for Refractory Auditory Hallucinations in Schizophrenia

Chittaranjan Andrade, MD

Current Biology 20, 1-5, November 23, 2010

Exp Brain Res (2013) 226:25-31 DOI 10.1007/s00221-013-3406-7

RESEARCH ARTICLE

Comparing immediate transient tinnitus suppression using tACS and tDCS: a placebo-controlled study

Sven Vanneste · Vincent Walsh · Paul Van De Heyning · Dirk De Ridder

Report

Modulating Neuronal Activity Produces Specific and Long-Lasting Changes in Numerical Competence

RESEARCH ARTICLE

Alvaro Pascual-Leone

Felipe Fregni · Paulo S. Boggio · Michael Nitsche Felix Bermpohl · Andrea Antal · Eva Feredoes Marco A. Marcolin · Sergio P. Rigonatti Maria T.A. Silva · Walter Paulus

Anodal transcranial direct current stimulation of prefrontal cortex enhances working memory

Kang and Paik Experimental & Translational Stroke Medicine 2011, 3:4 http://www.etsmjournal.com/content/3/1/4



RESEARCH Open Access

Effect of a tDCS electrode montage on implicit motor sequence learning in healthy subject

Eun Kyoung Kang¹ and Nam-Jong Paik^{1,2*}

ranscranial Direct Current Stimulation (tDCS) Decreases des of Long-Latency Stretch Reflexes in Cerebellar Ataxia

GIULIANA GRIMALDI and MARIO MANTO

Mouvement (UEM), ULB-Erasme, ULB Neurologie 808 Route de Lennik, 1070 Bruxelles, Belgium (Received 9 April 2013; accepted 12 June 2013; published online 19 June 2013)

Associate Editor Xiaoxiang Zheng oversaw the review of this article.

Transcranial Direct Current Stimulation for Major Depression: A General System for Quantifying Transcranial Electrotherapy Dosage

Marom Bikson, PhD
Peter Bulow, MD, MFA

Efficacy of semantic-phonological treatment combined with tDCS for verb retrieval in a patient with aphasia

Rosa Manenti^a, Michela Petesi^a, Michela Brambilla^{a,b}, Sandra Rosini^a, Antonio Miozzo^c, Alessandro Padovani^{c,d}, Carlo Miniussi^{a,d} and Maria Cotelli^{a,e}

Research Question

Could numerical abilities in persistent DD be effectively modulated by the application of neuro-modulation techniques – such as tDCS – applied together with a learning paradigm?

Methods and Material

Measure	Individ	ual DD
	DD1	DD2
Age (years)	33	26
DOMAIN-GENERAL ASSESSMEN	ITS	
IQ – WAIS scale		
Full IQ	92	118
Verbal IQ	91	114
Performance IQ	96	121
Visuo-spatial skills-WAIS		
Block design ^a	13	15
DOMAIN-SPECIFIC ASSESSMENT	TS	
Dyscalculia screene ^b		
Simple RTs	1	4
Capacity subscale	3.5	2.5
Dot enumeration	1	4
Number comparison	8	1
Achievement subscale	1	3.5
Addition	1	4
Multiplication	1	3
GDA ^c	8 [3]	9 [3]
Non-symbolic number compariso	n	
WF ^d	0.64	0.26
Arithmetical test - WAIS		
Arithmetic	50%ile	50%ile

Methods and Material

50%ile

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DOMAIN-GENERAL ASSESSME	NTS	
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Non-symbolic number comparis	son	
WF ^d	0.64	0.26
Arithmetical test - WAIS		

Arithmetic

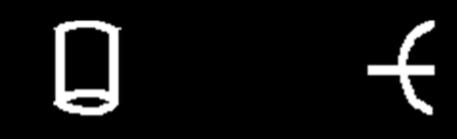
50%ile

Artificial digits

1	2	3	4	5	6	7	8	9
K	 	Ц	π	Q	+	X	L	

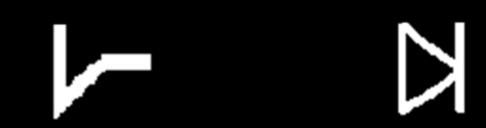
Learning task





Correct





Mistake

Methods and Material

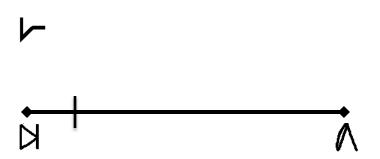
I. tDCS was delivered for **20 min** from the start of the training

The **training continued after** the termination of **the stimulation**

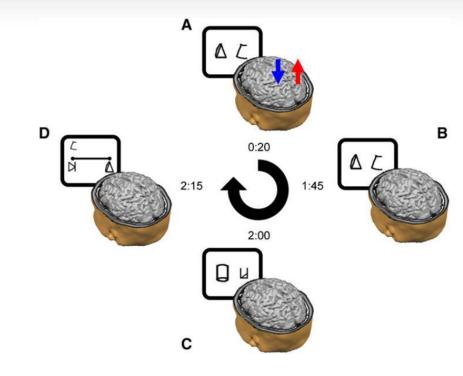
II. Once the training ended, the subject performed a Numerical Stroop task

III. and a Number Line task

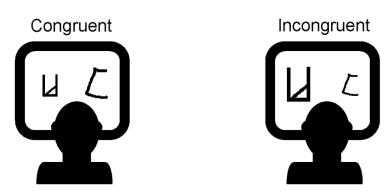
III.



I.

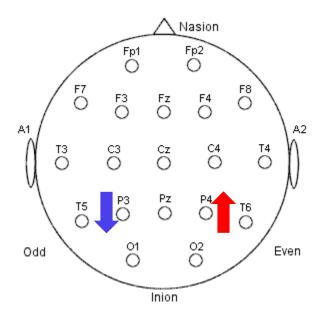


II.



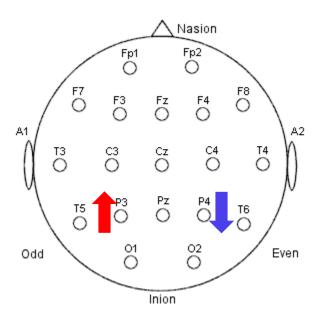
tDCS - Montage

DD1



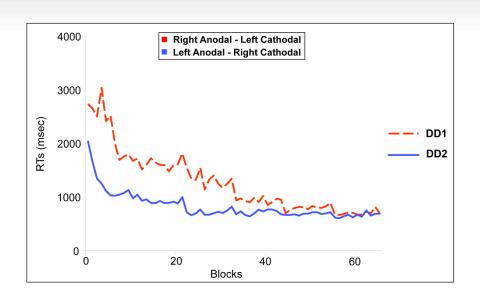
RA-LC

DD2

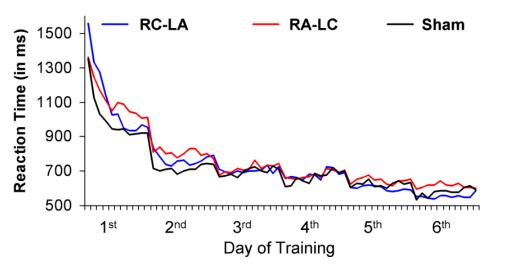


LA-RC

Results – Learning curves

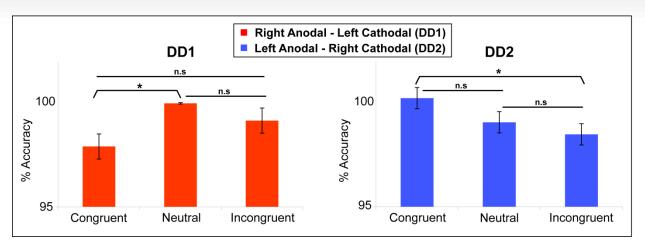


Equivalent fit for both DD1 and DD2

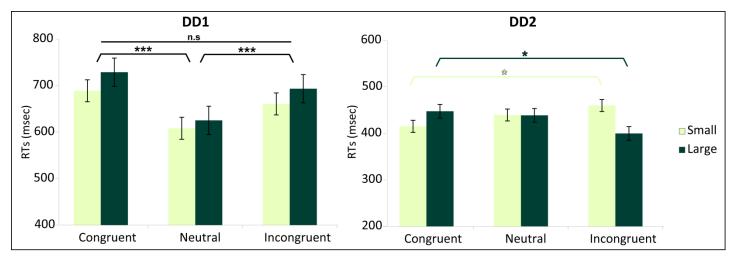


Performance of both DDs was also equivalent to healthy controls

Results – Numerical Stroop task

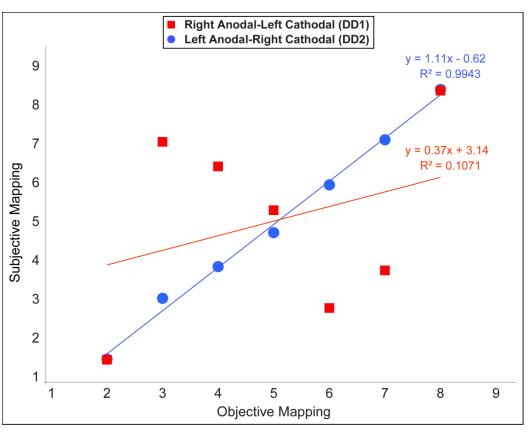


DD2 exhibited the canonical **Congruecy effect** (Congruent > Neutral > Incongruent) **DD1**'s performance was **not** modulated by numerical information (Neutral > Congruent)



DD2 showed a **Congruency effect** related to the **numerical distance** between stimuli; while for **DD1** the Neutral condition was always the easiest

Results – Number Line task



- **DD2** showed a **linear fit** in mapping the artificial digits
- **DD1** did **not**

Interim - Summary

Could numerical abilities in persistent DD be effectively modulated by the application of neuro-modulation techniques – such as tDCS – applied together with a learning paradigm?

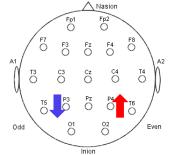
Yes, neuromodulation techniques accompanied by learning paradigms could be effective in remediating performance in adults with DD

Successful tDCS montage for DD

F7 F3 Fz F4 F8 A1 T3 C3 Cz C4 T4 T5 P3 Pz P4 T6 Odd O1 O2 Even

Iuculano & Cohen Kadosh, 2013

Successful tDCS montage for healthy adults



Cohen Kadosh et al., 2010

- This could reflect: (i) variability between DD cases both in terms of performance as well as brain morphology need for ad–hoc stimulation (?)
 - (ii) neural-reorganization/plasticity effects reflected by inter-hemispheric compensation tDCS might up-regulate the excitability of the compensatory mechanisms while down-regulating the impaired contro-lateral area

Conclusions

 Brain-based measures can provide a sensitive biomarker for diagnosis as well as response to treatment for DD

 The unique contribution of neuroscience-based approaches to guide intervention practice in DD, pointing to specific brain systems that can be fruitfully targeted for improving skills of weak-responders

Stanford Cognitive and Systems Neuroscience Laboratory





The kids



and their families

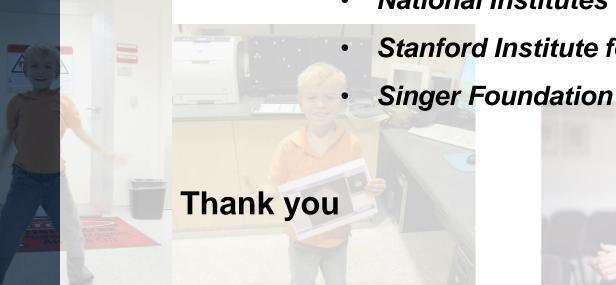


Dr. Roi Cohen Kadosh

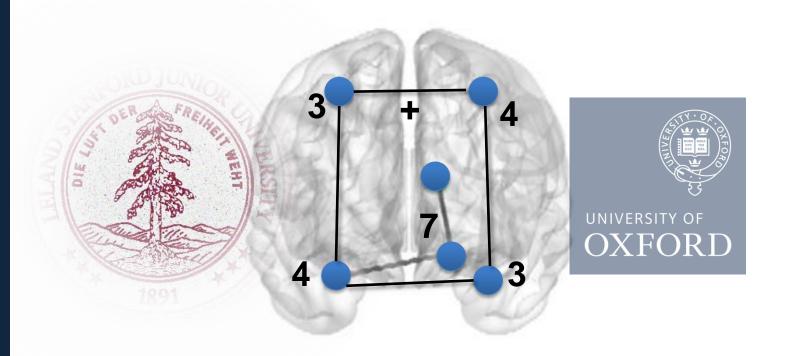








Training the "Mathematical Brain": evidence from functional brain imaging and neuro-modulation techniques



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Stanford Cognitive and Systems Neuroscience Laboratory Stanford University School of Medicine

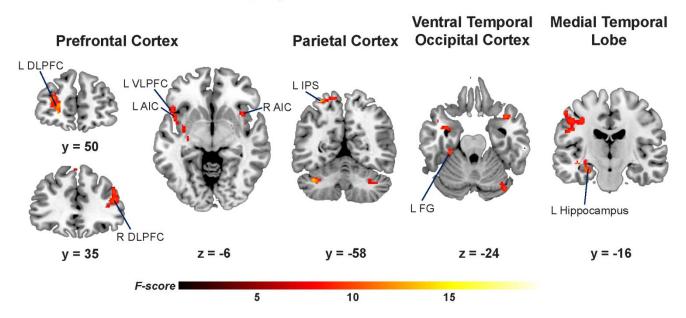
Email: teresai1@stanford.edu

Extra Slides

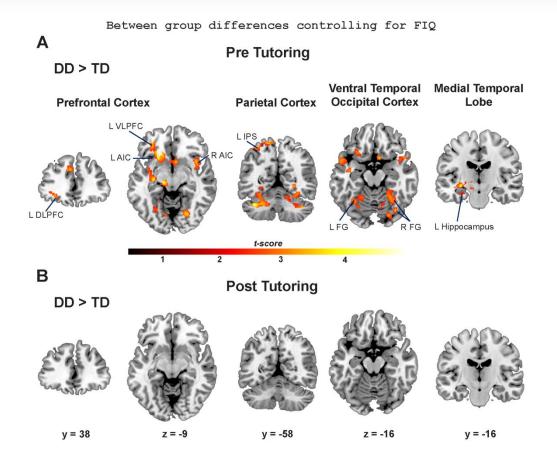


Results – ANOVA model

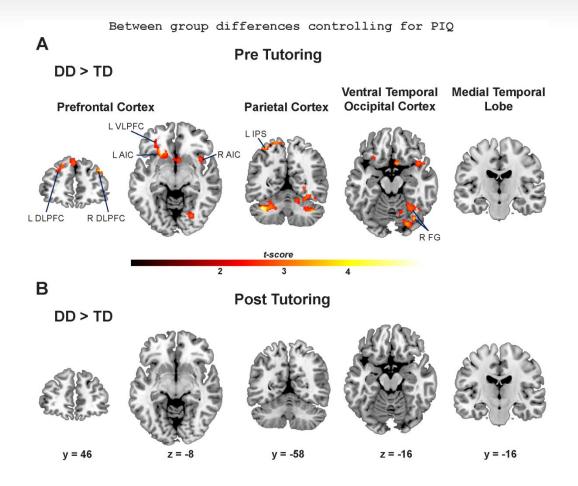
Group by Session Interaction



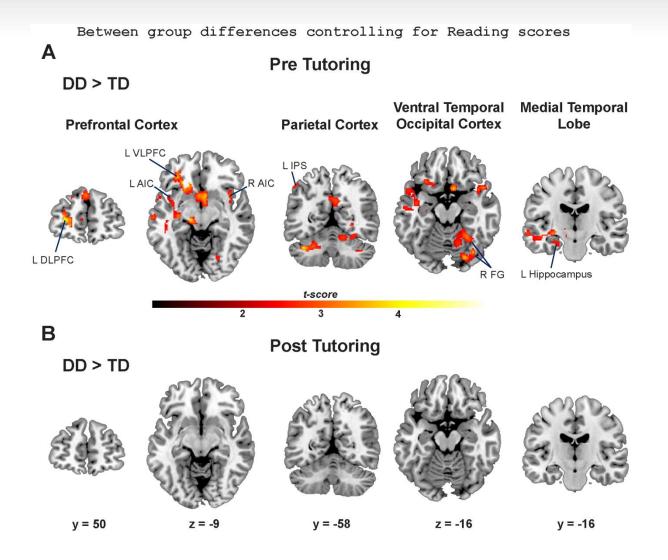
Results – Control analyses – FIQ scores



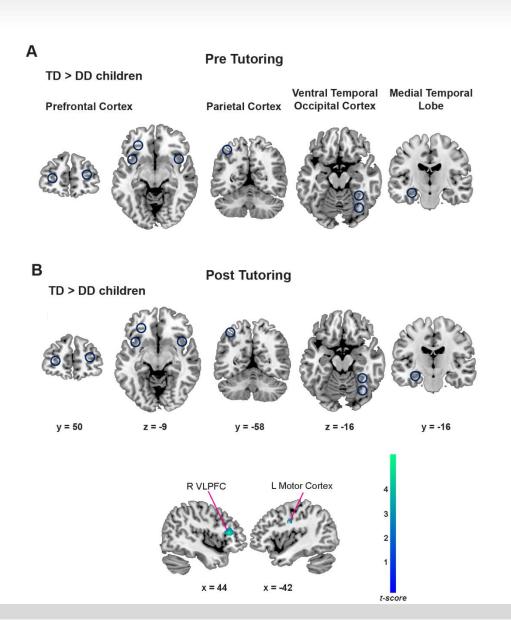
Results – Control analyses – PIQ scores



Results – Control analyses – *Reading scores*



Results – Post-tutoring differences – TD > DD

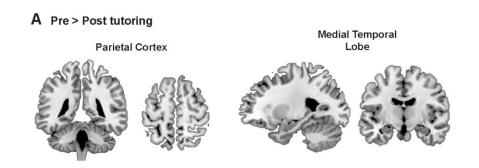


Before tutoring children with **DD** showed **over-activation** in multiple brain areas of the PFC, PPC, VTOC and MTL, compared to TD children

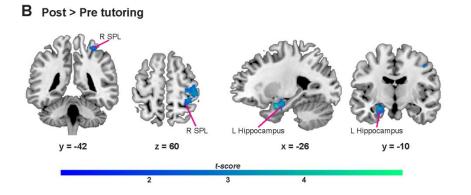
After tutoring **no differences**were evident between DD
children and their TD control
peers

Results – TD children – Post > Pre

Figure S2 — Within group analyses. **(C)** TD: No brain areas showed higher activation levels before, compared to after, tutoring; **(D)** After 8-weeks tutoring TD showed increased activation levels in areas of the parietal cortex and MTL.

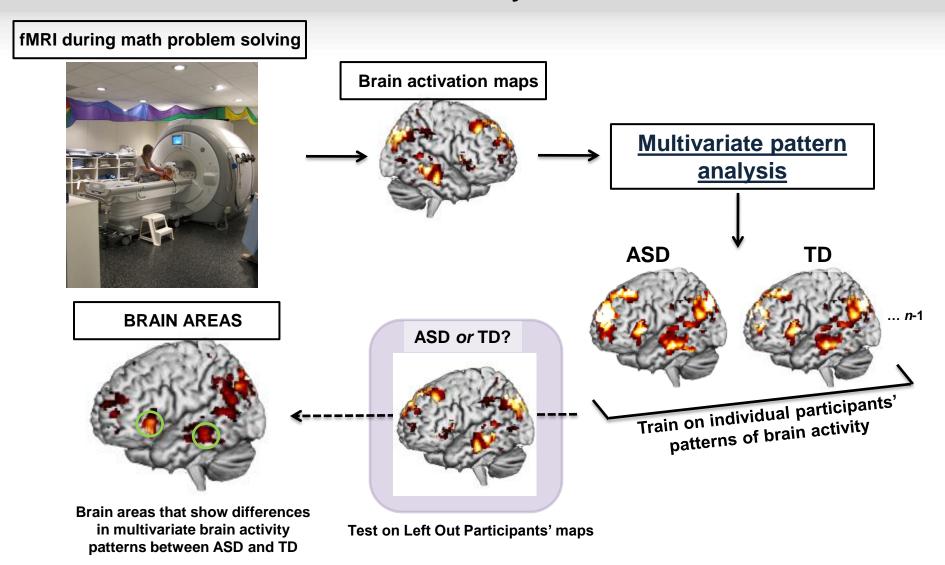


Before tutoring children with **TD** showed **over-activation** in multiple brain areas of the PFC, PPC, VTOC and MTL, compared to TD children

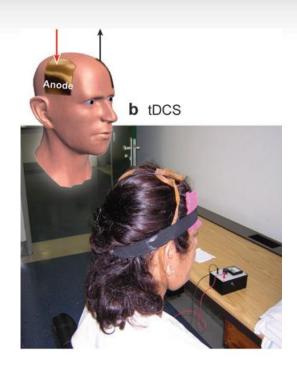


After tutoring **no differences**were evident between DD
children and their TD control
peers

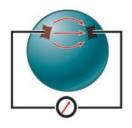
MVPA analyses

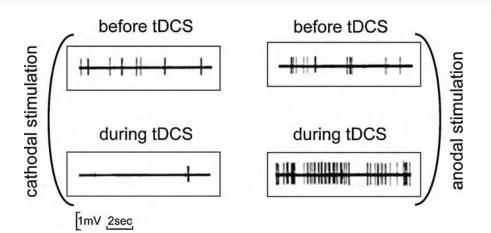


tDCS

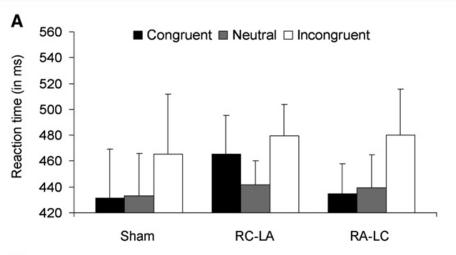


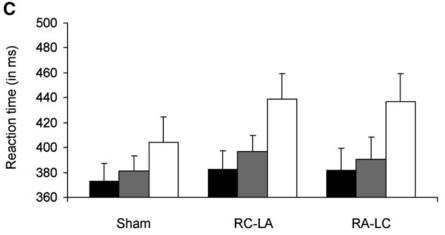
DC current applied via pair of electrodes; current induced in conductor

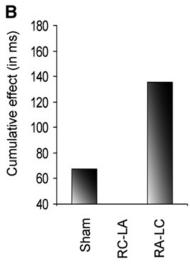




Anodal stimulation to the PPC improves numerical skills

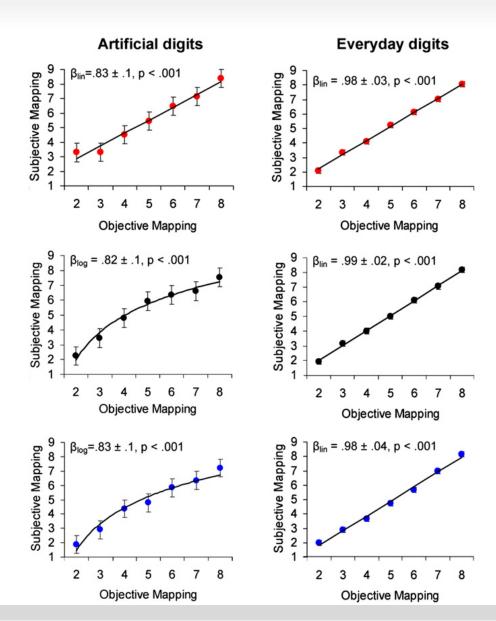




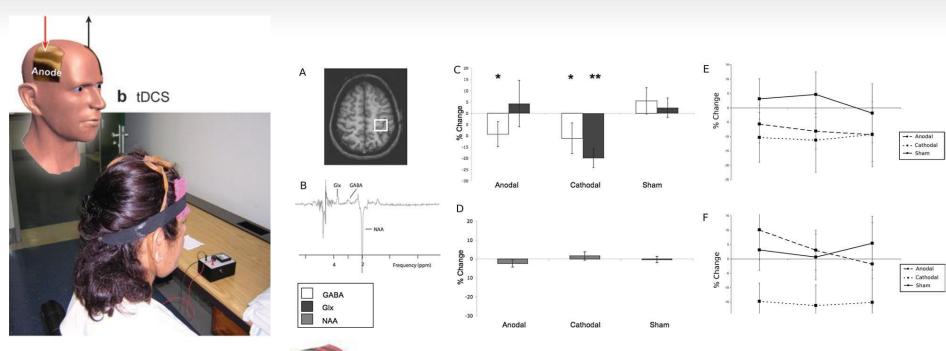


			2 nd	3 rd	4 th	5 th	6 th
			session	session	session	session	session
Sham	Congruent	RT	593	461	456	44 7	415
		SEM	51	20	24	51	26
	Neutral	RT	510	466	438	44 2	424
		SEM	33	12	19	36	30
	Incongruent	RT	581	470	466	495	436
		SEM	44	17	18	65	31
Right Cathodal	Congruent	RT	519	473	483	428	424
		SEM	52	24	40	29	20
	Neutral	RT	487	441	465	412	401
		SEM	33	29	33	15	13
	Incongruent	RT	561	464	499	437	436
		SEM	45	25	39	22	12
Right Anodal	Congruent	RT	513	447	430	433	441
		SEM	41	27	25	37	13
	Neutral	RT	523	447	443	435	440
		SEM	44	20	22	37	20
	Incongruent	RT	524	448	480	476	485
		SEM	52	22	34	4 7	35

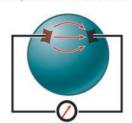
Anodal stimulation to the PPC improves numerical skills



tDCS



DC current applied via pair of electrodes; current induced in conductor





Neuro-modulation technique

Low-amplitude direct currents – applied via scalp electrodes - modify transmembrane neuronal potential (depolarize or hyperpolarize) ithus nfluencing the level of excitability by modulating the firing rate of individual neurons

Wagner et al. 2007 Stagg et al., 2009